

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State

03-28-2003 90115 041 ****61.25

DOCUMENT # NO1000008465

1. Entity Name
LEESBURG ART ASSOCIATION, INC.



Principal Place of Business

**CULTURE ART CTR.
201 EAST DIXIE AVE
LEESBURG FL 34748**

Mailing Address

**CULTURE ART CTR.
201 EAST DIXIE AVE
LEESBURG FL 34748**

55042806



2. Principal Place of Business

3. Mailing Address

P.O. Box 1496

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Leesburg, FL

4. FEI Number **59-2974114**

Applied For

Not Applicable

Zip

Country

Zip

Country

34749-1496

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRANT, GARRY
25261 LOST OAK CIRCLE
LEESBURG FL 34748**

7. Name and Address of New Registered Agent

Name **McKenzie Mary**

Street Address (P.O. Box Number is Not Acceptable)

25086 Riverwalk Drive

City

Leesburg

FL

Zip Code

34748

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Mary McKenzie President Leesburg Art Assoc, Inc 3/25/03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **BRANT, GARRY**
STREET ADDRESS **25261 LOST OAK CIRCLE**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **D** ☒ Delete
NAME **MITCHELL, LESLEE**
STREET ADDRESS **3905 MANOR OAKS CT**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **D** ☒ Delete
NAME **BRANT, CHRISTINE**
STREET ADDRESS **25261 LOST OAK CIRCLE**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **Mary McKenzie**
STREET ADDRESS **25086 Riverwalk Drive**
CITY-ST-ZIP **Leesburg, FL 34748**

TITLE **D** ☒ Change ☐ Addition
NAME **Leslee Mitchell**
STREET ADDRESS **3905 Manor Oaks Ct.**
CITY-ST-ZIP **Leesburg, FL 34748**

TITLE **D** ☒ Change ☐ Addition
NAME **Diana Barringer**
STREET ADDRESS **41 Cove Lane**
CITY-ST-ZIP **Eustis, FL 32726**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARY MCKENZIE** **Mary McKenzie 3/25/03 352-315-8946**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY Daytime Phone #

CR2E037 (10/02)